

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAVFELD COUNTY, WISCONSIN

DATE RECEIVED
JUN 24 2013

Permit #:	13-0168
Date:	6-28-13
Amount Paid:	\$75
Refund:	6-24-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.
800 Bayfield Ave.
Washburn, WI 54891

(visit our website www.bayfieldcounty.org/zoning.asp)

OWNER'S Name:	CEROO Verville	Mailing Address:	P.O. Box 264	City/State/Zip:	Iron River, WI 54855	Telephone:	520-520-1657	
Address of Property:	16855 St. Hwy. 13	Contractor Phone:	Heedsteel, WI	Plumber:		Cell Phone:	520-520-1657	
Contractor:	Self	Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached:	Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))						Yes <input type="checkbox"/> No <input type="checkbox"/>		
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PLN: (23 digits)	04-014-3-50-07-03-4-01-000-50000	Recorded Document: (i.e. Property Ownership)	Volume	775	Page(s)	1043
Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size	Acreage
								4.20-5.00
Section	803	Township	150N	N. Range	607	W	Town of:	CLOVER

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	If yes--continue -->	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Are Wetlands Present?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If yes--continue -->	Distance Structure is from Shoreline: _____ feet				

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 7,750	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CONV</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X)	
	<input type="checkbox"/> with Loft	() X)	
	<input type="checkbox"/> with a Porch	() X)	
	<input type="checkbox"/> with (2 nd) Porch	() X)	
	<input type="checkbox"/> with a Deck	() X)	
	<input type="checkbox"/> with (2 nd) Deck	() X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X)	
	<input type="checkbox"/> Mobile Home (manufactured date)	() X)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Rect Alteration</u>	(80 X 31)	620 S.F.
	<input type="checkbox"/> Accessory Building (specify) _____	() X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() X)	
Rec'd for Issuance	Special Use: (explain) _____	() X)	
JUN 28 2013	Conditional Use: (explain) _____	() X)	
Secretarial Staff	Other: (explain) _____	() X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property as any reasonable thing for the purpose of inspection.

Owner(s): Robert Verville

Date 6/21/2013

(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____

Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

Attach

Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
JUN 07 2013
Bayfield Co. Zoning Dept.

Permit #:	13-0165
Date:	7-1-13
Amount Paid:	\$175
Refund:	7-1-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input checked="" type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:		
TOWN of Closter		70 Box 94		Hebster, WI		715-774-3980		
Address of Property:		City/State/Zip:		Contractor Phone:		Plumber:		
Campground at Point Rd.		Hebster, WI		54844		Plumber Phone:		
Contractor:		Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		
Healy Steele Quatrovecchi		715-774-3973		8877581411		Hebster, WI		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		
1/4, 1/4		Gov't Lot 4		Lot(s) CSM		Vol & Page		
Section 5, Township 21 N, Range 7 W		Town of:		Closter		Lot Size		
Acreage		50.4		Distance Structure is from Shoreline:		Is Property in Floodplain Zone?		
Shoreland →		Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		If yes--continue →		Distance Structure is from Shoreline: feet		
Non-Shoreland		Is Property/Land within 1000 feet of Lake, Pond or Flowage		If yes--continue →		Are Wetlands Present?		

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Alter/Add Entry	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	() X ()	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
<input type="checkbox"/>	with Loft	() X ()	
<input type="checkbox"/>	with a Porch	() X ()	
<input type="checkbox"/>	with (2nd) Porch	() X ()	
<input type="checkbox"/>	with a Deck	() X ()	
<input type="checkbox"/>	with (2nd) Deck	() X ()	
<input type="checkbox"/>	with Attached Garage	() X ()	
<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
<input type="checkbox"/>	Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/>	Addition/Alteration (specify)	() X ()	
<input type="checkbox"/>	Accessory Building (specify)	() X ()	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() X ()	
<input checked="" type="checkbox"/>	Special Use: (explain) Class A Shoreland Condens	() X ()	
<input type="checkbox"/>	Conditional Use: (explain)	() X ()	
<input checked="" type="checkbox"/>	Other (explain) Area adjacent to old street parking	() X ()	

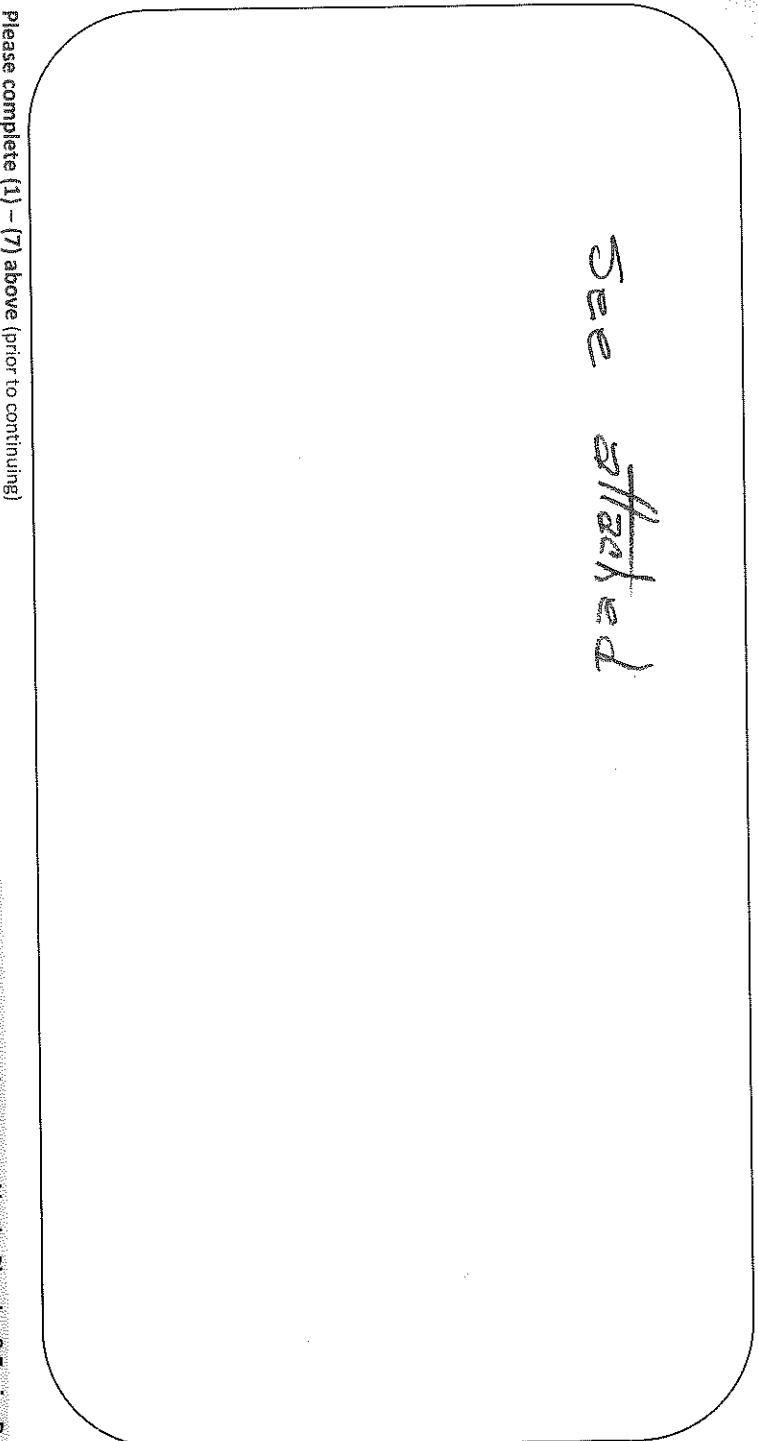
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed all Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit
Date
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

See below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>13-0165</u>		Permit Date: <u>7-1-13</u>					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lots) <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	
Inspection Record: <u>Site identified by Town.</u>						Zoning District (M) Lakes Classification (M1)	
Date of Inspection: <u>6/27/2013</u>		Inspected by: <u>Robert Schirmer</u>				Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)							
Must Use Best Management Practices and limit grading activity to areas identified on application. Keep equipment out of Lake.							
Signature of Inspector: <u>[Signature]</u>						Date of Approval:	
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____		Hold For Fees: <u>\$175.00</u>	

0605 6/28/13

field County, WI

